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Telling tales of death in childbirth: the interface of fiction and of medical treatises in Early Modern France

When the early sixteenth-century comic writer François Rabelais composed *Pantagruel,* his first book, in 1532, it suited his purposes as a storyteller to dispose of his eponymous hero's mother in almost the same breath as he introduced her:

> Gargantua, at the age of four hundred, four score and forty-four years begat his son Pantagruel by his wife Badebec, daughter of the king of the Amaurots in Utopia; the said woman died in childbirth, for Pantagruel was so amazingly large and so heavy that he could not come into the world without suffocating his mother. (Rabelais 1532: 222)

Verisimilitude was rarely Rabelais's main concern, but as a doctor he would have known that death in childbirth was sufficiently commonplace to cause little surprise to his readers. It is only towards the very end of the chapter that we are informed of the precise monstrous and gigantic nature of the birth; initially, we may simply assume that a rather large baby caused his mother's demise.

If we look at either works of fiction or at memoirs and chronicles of the late sixteenth century, similar scenarios abound. In Pierre de l'Estoile's *Registre-Journal du règne de Henri III* (written during the years 1574 to1589), for example, there are various brief entries recording deaths in childbirth of high-born women. Marie de Clèves, daughter of Henri de Condé, and beloved of Henri III:

> died in Paris in giving birth to her firstborn, in the flower of her youth; and she left a daughter as her heir. (L'Estoile 1992 vol. I: 87)

Nor was the fate of Claude de Lorraine, daughter of Catherine de Medicis and Henri II, any happier although she had previously survived seven births:

> On Monday the 28 [February 1575] there arrived in Paris the news of the death of the Princess Claude of France, duchess of Lorraine, who died at Nancy, on 25 of this month, while giving birth to two children. (L'Estoile 1992 vol. I: 157)

Throughout the Early Modern period, giving birth remained a potentially life-threatening event. As such, it was naturally a major subject of a wide range of books written in French.[1]

The circulation of medical texts on childbirth

In order to appreciate the 'cultures of birth' (or indeed of 'birth and death') in Early Modern France, I propose to compare the evidence provided by two different kinds of texts: on the one hand works of fiction, and on the other hand medical treatises. It is my contention that medical works in the vernacular—the number and diffusion of which grew so rapidly in this period—in part informed the way non-medical writers and readers perceived the subject. However, equally, medical writings are part of a larger culture of written texts, and, within this larger culture, literary and rhetorical assumptions—spoken and unspoken—cross boundaries. Thus, in reading early obstetrical treatises, it is perhaps not surprising that we can identify some of the same attitudes to the 'telling of tales' with which we are familiar from works of fiction.

Before drawing on the medical texts, we need to ask 'what changed' in matters of childbirth either in France, or indeed in western Europe, over the course of the Renaissance. The answer is both 'very little' and 'a great deal'. 'Very little', for it is not until well into the seventeenth century that we can record the major changes brought about by medical and scientific developments such as the introduction of forceps, or the discovery of the ovum and of the spermatozoa leading to an accurate understanding of the nature of conception.[2] Nor, on a sociological plane, was the rise of the male-midwife (*accoucheur*) more than foreshadowed by the end of the sixteenth century and start of the seventeenth century.[3] Yet 'a great deal' changed, notably between circa 1540-1630: with the growth of the book trade, there appeared a significant number of manuals covering what today we would term obstetrics and paediatrics. All formed part of the burgeoning market for medical works and textbooks across western Europe. What was most significant in contrast with preceding centuries was the sheer scale on which information was transmitted, allowing competing theories to be debated with both speed and sophistication. Furthermore, in the case of works relating to pregnancy, childbirth and the care of the newborn infant, this period saw a sharp rise in the number of works published in France in the vernacular, particularly in comparison with the treatment of other medical fields and with the publication of obstetrical manuals in other vernacular languages.[4]

Roy Porter, in his introduction to the volume entitled *The Popularization of Medicine 1650-1850* (1992), observes that the popularization which can be discerned in western Europe since the sixteenth century was possible where three factors co-existed: a body of regular medical practitioners eager to undertake its spread; a suitable medium of diffusion (i.e. printing); and a literate audience willing to read the works (Porter 1992: 3-4). To these three general conditions, with regard to the medical field under discussion here we need to add that the authors had to be willing to publish their works in the vernacular. For the significance of the choice to publish medical works in French rather than in Latin cannot be overestimated. A useful parallel can be drawn with Wear's recent study of *Knowledge and Practice in English*

medicine, 1550-1680, in which he asserts that 'The vast majority of the sixteenth- and seventeenth-century medical books published in England were written in English and not in Latin, the international language of scholarship' (2000: 40). While editions of Latin medical texts were rather more widespread on the continent in general, and certainly in France, the substantial growth in vernacular medical texts is demonstrated by Stone's bibliography (1953) of known medical works printed in French in this period. To publish a medical work in French was to authorize the transmission of knowledge previously restricted to all-male, professional groups to a far wider public of both sexes, composed of non-professionals or of lower-ranked medical practitioners such as assistant surgeons, apothecaries and midwives. It is true that frequently a physician-turned-author would assert that he was not divulging professional secrets, merely providing a correct record of information already in the public domain. However, such claims were open to debate, and in any case the appearance of these texts often served to kindle public desire for further disclosures. There is an obvious parallel with earlier disputes over the printing of biblical and other theological works in the vernacular: to publish in French was implicitly to take up a position against ignorance and in favour of the dissemination of knowledge.[5]

Despite the limited percentage of the population with an adequate literacy level to read fairly complex discursive texts written in French, authors of vernacular treatises could confidently assert that they were addressing a greater and more heterogeneous group than those who might have access to similar material in Latin. In the case of medical works, we should not discount the possibility that vernacular handbooks ostensibly intended for a lay readership may have reached not only those working in what Brockliss and Jones have termed the 'medical penumbra', but also sometimes have been consulted by regular physicians (1997: 262-73). Chartier has argued on a general plane the need to beware of assuming that rigid distinctions existed between popular and learned print culture; he proposes instead a recognition of 'differentiated uses and plural appropriations of the same goods, the same ideas and the same actions' (1987: 6). In a chapter on 'The popularization of medicine in France, 1650-1900', Ramsay recognizes the particular significance of this approach in the case of medical handbooks (Porter 1992: 97-9); I would argue that it is also relevant in the preceding century.

With medicine, as with theology, many controversies arose not least because of the continued uncertainties characterizing human knowledge. Thus, while authors of vernacular medical manuals might wish to give their works an air of objective authority, in reality many firm assertions concealed points of bitter dispute. Our reading of these works must therefore be tempered by an awareness that their authors were not only acting boldly by publishing in the vernacular for the wider audience, but also that by so doing they might be seizing the opportunity to give voice to their own, problematic perception of their chosen field. In this context it is also relevant to remind ourselves, as I have indicated above, that 'scientific writings' of the Renaissance were as subject to the influence of rhetoric as those of other genres. Indeed, many physicians of the period were also poets of no mean repute.

The rhetoric of death in childbirth within medical textbooks

The number of works published in French between 1540-1630 on pregnancy, childbirth and the care of the newborn infant preclude any attempt at a complete synthesis in the present context. My choice of illustrations is, therefore, necessarily selective. A key starting point is furnished by several texts where the author specifically mentions the avoidance of maternal and/or foetal death as a main reason for publishing his work. All were first published between 1580-1625, a period in which we may note a growing concern over perinatal deaths, whether of mother or of infant.

François Rousset, doctor of the Duke of Nemours, was the author of a controversial treatise on caesarean operations (1581), arguing—contrary to almost all contemporary thought—that they could and should be performed, *in extremis*, on living women, since they offered them a chance of survival (Blumenfeld-Kosinski 1990). His work was first printed in French in 1581, and was translated into Latin (thus ensuring it an international readership). He explains in the preface that he had been moved to publish it in 1581 because he knew that further delay:

> may be harmful to a great number of poor pregnant women in this our country of France, who meanwhile are dying through lack of such assistance as we hope to bring them … But more than all else I have been brought to this point by the pitiful spectacle of the agonies, death throes, prayers, pitiful looks of these poor, tortured creatures, crying out that they are being murdered, and appealing then to us, the doctors, alone. (Rousset 1581: fol. avii^{r})

This extract gives a taste of the style of the treatise, at once graphic and emotive in its depictions of the agonies and dangers from which he believes doctors or surgeons can relieve women.

Another (rare) supporter of caesarean section is the Norman doctor, Jacques Duval, author of a rather lurid account of hermaphroditism combined with a much less controversial obstetrical treatise (1612). Duval makes clear his personal reasons for treating the subject of childbirth:

> This is what happened in 1581, at the delivery of my child, who was pulled out dead from the body of Anne le Marchant, my first wife, after she had endured an exhausting, cruel labour, lasting four days, with no respite, both night and day … Because they would not perform a caesarean extraction, as I suggested to Guillaume le Marchand, a former apothecary, aged 60, and his wife, father and mother of my deceased wife, according to what I had witnessed twice in such cases, under Mr Duval, my father, a qualified physician. (Duval 1612: 216-17)

The reason which Duval puts forward for publishing his work is thus a desire to ease the sufferings of women and to spare them from possible death, as well as to save the life of the unborn child:

> I am instructing barber surgeons, and address my thoughts, that they may guide the skilful hand of young surgeons (to the instruction of whom I am, this year also, devoting my untiring efforts) so that women of all social stations may receive such good help and assistance that their harshest and most life-threatening pains may thereby be relieved,

> tempered and ended, their illnesses cured, their lives saved and extended, that they may more easily and happily give birth to their children in this life, being in good health and recovering well. For these children would otherwise perish at birth. Since I believe that the ignorance of some midwives (it is they whom I reprove, not the good ones) is the cause of the death of some 500 children a year in this city of Rouen, before they can receive the sacrament of baptism, and this I can judge from the laments which I hear daily. (Duval 1612: fol. Aviii^{v})

Interestingly, Duval here places the emphasis on avoiding the death of the unborn child – reflecting the increasing theological preoccupation in the early seventeenth century (in the wake of the Counter-Reformation) with saving the souls of the newborn by at least ensuring their survival until baptism (Berriot-Salvadore 1993: 71-9).

This same prioritizing of infant survival is also apparent in the work of the Paris surgeon Jacques Guillemeau who in 1609 published a long manual entitled *De l'Heureux Acouchement des Femmes* [*On the Happy Delivery of Women*], which was reprinted several times over the next half century. Although the title indicates Guillemeau's optimism that good surgeons (and better midwives) can effect successful deliveries, he emphasizes in his preface the manifold dangers of pregnancy and birth. While he lays most stress on the risks for the foetus—who in coming into the world 'thus brings his death along with him' (Guillemeau 1609: fol. av^{r})—he warns that sometimes foetal death may also lead to maternal death:

> It is essential to save [the child] from death, and thus also the mother, that the surgeon be summoned, to deliver him and bring about his birth. (Guillemeau 1609: fol. av^{r})

His recommendation is a familiar one: that midwives and their patients should not—as was too frequently the case—delay in calling out surgeons or doctors in difficult cases. In short, all these doctors consider the avoidance of maternal death in childbirth as a prime justification of the wider circulation of obstetric information. However, it is noteworthy that infant survival, for theological reasons, is given particular emphasis.

A (male) surgeon's tales of maternal deaths in childbirth

What of the recommendations for avoiding imminent maternal death within these treatises, or the advice for how the medical practitioner should handle such a misfortune? The treatise of Guillemeau furnishes a particularly useful example, since it offers one of the fullest accounts of both normal and complicated births, and is significant in that it enjoyed wide circulation for nearly half a century. Guillemeau is writing specifically for trainee surgeons, particularly those in the provinces who would not have had access to the quality of medical teaching available at the Paris Faculty of Medicine. Hence, all of his recommendations upon which I shall be drawing should be seen as primarily addressed to this audience.

The first significant point is the caution he advises when establishing the criteria for an assisted delivery (i.e. by the hand of the surgeon). The surgeon needs to

make sure that the mother is fit enough to withstand the pain. Having outlined the clinical signs of a woman who is in a healthy condition despite the rigours of a difficult birth, he passes to the counter-advice. A surgeon should not intervene if the mother appears to be on the point of death:

> But if the surgeon notes that her countenance and voice are stricken, her face and appearance changed, her pulse weak and fast, sometimes irregular and jerky, accompanied by frequent losses of consciousness, and cold sweats, then he should not proceed to insert his hand, for fear of being held responsible, and bringing into disrepute the remedies which might have benefited and brought relief to others. (Guillemeau 1609: 222)

The double justification for this caution indicates both the risk to an individual practitioner's reputation, but also the controversial nature of Guillemeau's stance in recommending assisted deliveries, a position he defends in part with reference to the example of his former tutor, Ambroise Paré, who had been surgeon to four successive French kings.

The second point is Guillemeau's unusually outspoken preference for saving the life of the mother above that of the unborn child if a choice must be made. He raises the issue in the context of the use of the dreaded 'hook' [*crochet*], with which surgeons removed dead foetuses **[Fig. 1].** Although Guillemeau—like many of his colleagues (including Jacques Bury, author of *Le Propagatif de l'homme* (1623))—is against the rash use of the 'hook', and warns of the grave damage which may be inflicted on the mother by an unskilled operator, he accepts that in some cases it is a last resort to save the mother from death in the case of malpresentation. His stance is unequivocal:

> It being more expedient to lose the child than the mother; both of whom would die were one to delay longer. And in order to save the mother (who is more precious than the child), one should risk this operation.
> (Guillemeau 1609: 252)

His view ignores Counter-Reformation pressures to baptize a living child. However, Guillemeau hints at the sensitive theological nature of his position with a final remark:

> This is a theological point, the resolution of which I leave up to those more skilled in this discipline than myself . (Guillemeau 1609: 252)

Guillemeau's discussions and advice are all accompanied, in this section of the work as commonly throughout, by a number of case histories cited for their exemplary value. His rhetorical strategy—as we might expect from the work's title—is first to emphasize deliveries with a happy outcome, i.e. where the relatives and practitioners acted in accordance with the principles he has laid down, notably summoning a surgeon with no loss of time, so that the operation may be accomplished with due speed. But he then turns to counter examples in which the patient has died. His warning is stark:

> But just as the above mentioned women and children had their lives saved by the time and manner of their delivery, so too those who shall now be named lost their lives because they were not attended in accordance with the requirements of our art and experience, their relatives and friends having refused permission for a prompt assisted delivery. These two histories will bear witness to it. (Guillemeau 1609: 233-34)

His counter examples (in fact four not two in this section!) offer some interesting parallels with the world of fiction. While Guillemeau generally avoids the lurid details beloved of the compilers of catalogues of monstrous births—whether in encylopedic volumes or in news-sheets—he is not averse to including a graphic phrase or two, calculated to make his point the more memorable. He seems particularly struck by the cases in which rupture of the uterus has caused maternal death. The unfortunate Mlle de Mommor offered a double case for wonder: she had given birth without apparent complication, so that when she died later the same day :

> She was kept for a certain time by the relatives who could not believe that she had died. (Guillemeau 1609: 236)

However, the post-mortem revealed a dramatically ruptured uterus:

> When she was opened up … the womb was found to be broken, shattered and ruptured *[rompue, esclattee et fendue]* on the left-hand side, at the place where the hypogastric vein and artery rise towards the middle of this organ, and both vein and artery were also equally ruptured, with a huge quantity of blood having poured from them.
> (Guillemeau 1609: 236)

The use of the three verbs to depict the trauma conveys Guillemeau's fascination. It must be remembered that dissections had become commonplace in western Europe only in the preceding fifty years (having previously been forbidden by the Church), and so obstetricians' increasing understanding of childbirth owed much to both standard anatomical dissections recorded in textbooks and to dissections witnessed after maternal death in childbirth. Guillemeau concludes this particular chapter with two further cases of women who died of a ruptured uterus. While both accounts again highlight the importance of the dissection, they also have a Rabelaisian flavour in the emphasis laid on the almost surreal anatomical sights:

> In 1607 Mr Binet was summoned together with Le Moine, a doctor in Paris, and Alton, a master barber-surgeon in Paris, to perform the autopsy on the body of Jeanne du Bois. Having opened the lower section of the womb, they found the child on her entrails, it having ruptured and shattered *[rompu et brisé]* the womb, having broken right through it, with a large quantity of blood spilling into the said womb. (Guillemeau 1609: 238)

Similar images colour the second report, of the death of an unnamed woman at the lying-in section of the Hôtel Dieu in Paris,

> In the womb of whom was found the child swimming with the guts, the uterus having broken at the bottom. (Guillemeau 1609: 239)

To a modern reader, it is noteworthy that the foetus is seen as the active agent in each case; it literally breaks open the womb. This of course reflects the Renaissance and seventeenth-century understanding of childbirth as an event initiated and sustained by the foetus's effort to escape the womb, in which the labouring woman is essentially a passive vehicle. We might recall that in François Rabelais' second novel *Gargantua* (1534), while the hero's mother does this time survive the ordeal, the giant child breaks forth from her womb in the most dramatically active fashion. The mother having received a dose of the strongest astringent (in order to close the sphincter muscles, since she was suffering the after-effects of over-indulgence in tripe!):

> By this misfortune the cotyledons of the womb were loosened at the top, and the child leapt through them and entered the hollow vein, and, climbing by means of the diaphragm, to a point above the shoulders (where this vein divides in two), he took the left fork, and came out via the left ear. (Rabelais 1534: 56-7)

Rabelais is, of course, writing a comic narrative, and making a daring theological joke into the bargain. But it is striking that he uses language which is not so far removed from the descriptive style of serious medical treatises. Fiction and scientific writings draw upon a common set of images to represent the act of birth.

A (female) midwife's challenge to physicians' tales of a maternal death

Guillemeau's discussions of the risk of maternal death are echoed in the works of the only female practitioner to have published a treatise in French in this early period **[Fig. 2]**. Louise Bourgeois (or Boursier), midwife to the Queen Marie de Medicis, had delivered all the royal children, and thus felt herself uniquely equipped to write a professional account, *Les Observations Diverses*, which appeared in three parts between 1609-1626, the second part containing in particular an autobiographical account of her career.[6] But the text of Bourgeois which is of most interest to conclude my survey is a more hastily produced, polemical piece, namely her *Apologie* of 1627, in which she defends herself against the charge of incompetence following the perinatal death of the king's sister-in-law, Madame (Marie de Bourbon Montpensier) . Although we would now conclude from the documentary evidence that the likely cause of death was acute peritonitis, it was believed by the leading royal doctors of the time that Bourgeois's negligence had contributed to the death. In the *Apologie* we therefore have a publication by a professional woman, taking as its core subject maternal death following childbirth. It brought an equally partisan response from a member of the medical fraternity, responding to Bourgeois's attempts to exculpate herself and to cast blame upon the doctors. In both Bourgeois's *Apologie* and in the anonymous *Remonstrance à Madame Bourcier* (commonly attributed to the physician Charles Guillemeau, son of Jacques Guillemeau discussed above),[7] one interesting factor is the reversal of the usual rhetorical structure of exempla in obstetrical treatises. Here, the story of the death of Madame is paramount: instead of being used as an illustration of general truths, it is made into the central subject matter, and is itself framed and illuminated by references to general truths.

This unexpected perspective has several consequences. First, for once, the emphasis is squarely upon the demise of the mother rather than upon the birth or survival of the infant. In neither the *Apologie n*or the *Remonstrance* does the happy

outcome of the birth merit more than half a sentence. This is quite the opposite from the fictional example I cited at the start of this article, where Rabelais disposed of the mother in a paragraph, eager to pursue the life of his hero. But in the case of the death of Madame, the writers were dealing with a historical princess, for whom France was in mourning, and—unlike Rabelais—their 'story' was at its end, not its beginning.

Secondly, the tragic episode brings out into the open all the professional rivalries and anxieties surrounding the birthing chamber in general, and the royal birthing chamber in particular. It is clear from Bourgeois's earlier accounts of her successful deliveries of the children of Henry IV and of Marie de Medicis that she enjoyed a privileged status. As the royal midwife, she undertook the actual delivery, with the doctors and surgeons standing by in case they were needed. In Bourgeois's account of Madame's labour and its aftermath, she vaunts her experience and professional judgment as a midwife, claiming that it is superior to the limited (theoretical) knowledge of the doctors (Rouget 1998). In the *Remonstrance*, on the other hand, the author accuses Bourgeois of having acted with undue violence in her attempts to extract the afterbirth in the forty-five minutes after the birth, and of negligence on her part or on that of the nursing attendant in not alerting the doctors soon enough to the deterioration in Madame's condition:

> and because the attendant failed to alert the doctors at the proper time and place, they could not carry out the necessary treatment. (Rouget and Winn 2000: 119)

Hints of professional rivalries between doctors and midwives are not uncommon in obstetrical treatises, but they come to the fore in a case where blame must be apportioned for the mother's death.

Thirdly, what of the view of the labouring mother? I mentioned above that medical knowledge saw the foetus as the active agent in the birth. However, in this story, the foetus's role is marginalized. I would suggest this is because the birth itself is of less interest than its sequel – the alleged failed expulsion of the afterbirth. The physician's account in the *Remonstrance* makes much of Bourgeois's brutal practices to deliver the afterbirth:

> the good lady spent three quarters of an hour pushing, but it was most difficult to expel it. She was made to swallow raw eggs, to put her fingers in her mouth and to strain, being treated as harshly as any menial farm labourer's wife… (Rouget and Winn 2000: 12)

Bourgeois, unsurprisingly, omits these details. Her account centres not on the princess herself, but on the womb, the object under dispute. She claims that the autopsy did not reveal a retained, diseased placenta—she believed the placenta had been delivered whole—but rather the presence of an infected wound at the site on the womb at which the placenta had previously been attached. In order to make her case more forcefully, she uses a number of commonplace images to describe the anatomy of the womb. The membranes within it are compared to the skins of an onion (Rouget and Winn 2000: 101), and when engorged with blood (as full term approaches) take on the consistency of a sponge (Rouget and Winn 2000: 101). Having depicted the womb in terms

comprehensible to all readers, Bourgeois then personifies it, in a startling trope where the transferred epithet shifts our pity from the princess to the wrongly indicted uterus:

> I am sure that I shall be absolved and cleared of blame, and you doctors will be held responsible, and [it will be seen that] the poor womb which was falsely charged with being gangrenous was not the cause of death, but rather the inflammation of the whole lower intestine….
> (Rouget and Winn 2000: 103)

Once again, the mother is displaced from the narrative, and instead the uterus becomes the central protagonist. This, of course, accords with the general Early Modern utero-centric vision of women of child-bearing age **[Fig. 3]**. But in this case, it is all the more surprising, coming as it does from the pen of a female author.

Conclusion

Tales of death in childbirth are relatively common in both fiction, historical accounts and medical treatises of this period. They are of interest in part for the light they shed upon conflicting and evolving cultures of birth. Which should take precedence, the survival of the infant or that of the mother? What are the roles of the midwife as opposed to those of the skilled surgeon or of the physician? Is the parturient woman a passive impersonal vehicle or an active individual?

Fiction can usually afford to move on from maternal death to a new tale of life. In Rabelais's *Pantagruel*, with which I opened this article, the husband of the deceased Badebec is at first perplexed: should he weep for the loss of his wife or rejoice at the birth of his son? He decides that he can always take a new wife and so sends the midwives to the funeral, while he himself stays behind to rock the newborn infant! In standard obstetric treatises, the tales of maternal death are also intended to give pause for thought, but not to halt the narrative. They function primarily as counter-examples, furnishing stark warnings of the dangers of failing to heed proper advice, or as oblique reminders of the awesome and unpredictable turns of nature. It is only when the maternal death becomes the subject of a litigious dispute, and when that death had shocked the whole of Paris, that two texts find it impossible to move on beyond the event itself. The dispute is in part a technical one, concerning the attachment of the placenta to the uterus. Conflicting interpretations of the autopsy are advanced; the forensic tools of anatomy are visited and revisited. Yet the authors' and the readers' gaze is fixed, in horror and anger, on the site of the blood and gangrene. The culture of birth is cloaked in the ineffable mystery of death.

Valerie Worth-Stylianou

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[1] See Berriot-Salvadore (1993), McTavish (2005), Tucker (2003), Worth-Stylianou (forthcoming).

[2] See Darmon (1981) and Pinto-Correia (1997).

[3] See Gelis (1984 and 1986) for France and Wilson (1995) for England.

[4] See Worth-Stylianou (forthcoming): chps. 2 and 3.

[5] The explicit link between translations of the Bible in to French and the diffusion of medical works in French is made in 1579 by the (Protestant) surgeon Cabrol, in his defence of his friend Laurent Joubert's controversial *Erreurs populaires* of 1578. SeeCabrol's letter in the translation by G. de Rocher, *Popular Errors* (1989).

[6] See the study by Perkins (1996), and the introduction to the recent edition of the *Récit véritable* by Rouget and Winn (2000).

[7] Both texts are reproduced in the edition of the *Récit véritable* by Rouget and Winn (2000).